

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000008344

FILED
Sep 27, 2008
Secretary of State

Entity Name: UNIVERSAL WOMEN'S FELLOWSHIP, INC.

Current Principal Place of Business:

380 W. STATE ROAD 434
SUITE 100 PMB 115
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

380 W. STATE ROAD 434
SUITE 100 PMB 115
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3758036 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BELL, MABLE
534 ORANGE DRIVE
#16
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

BELL, MABLE
1035 PRINCETON DRIVE
CLERMONT, FL 34711 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MABLE BELL

09/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELL, MABLE
Address: 904-C LAKE DESTINY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32794

Title: D () Delete
Name: GILLIAN, GLORIA
Address: P.O. BOX 680223
City-St-Zip: ORLANDO, FL 32868

Title: D () Delete
Name: FILMORE, CYNTHIA
Address: 7230-B FOREST CITY ROAD
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: WILLIAMS, HELLEN
Address: 540 YEW COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: COWELS, LINDA
Address: P.O. BOX 952405
City-St-Zip: LAKE MARY, FL 32795

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BELL, MABLE
Address: 1035 PRINCETON DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WILLIAMS, HELLEN
Address: 540 YEW COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MABLE BELL

P

09/27/2008

Electronic Signature of Signing Officer or Director

Date